



Montana Department of Transportation

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Do Not Write in this Space

Bulk Dealer Report

Bulk Dealer Name:			
Address 1:		FEIN:	
Address 2:		License # (if applicable)	
City:	State:	Zip Code:	Quarter/Year:

	Gasoline	Clear Diesel	Dyed Diesel
1. Beginning Physical Inventory (must agree with prior months ending inventory)			
2. Receipts (from line 3, section I)			
3. Disbursements (from line 4, section II)			
4. Transfers (from one product to another)			
5. Gain/Loss (attach explanation)			
6. Ending Physical Inventory (must agree with actual ending inventory)			
7. Total Gallons			

Section I

	Form Schedule	Gasoline	Clear Diesel	Dyed Diesel
1. Gallons received tax-paid	1			
2. Gallons received tax-unpaid	2			
3. Total Receipts (total line 1 & 2) (carry above to line 2)				

Section II

	Form Schedule	Gasoline	Clear Diesel	Dyed Diesel
1. Gallons delivered tax collected	5			
2. Gallons delivered tax not collected	6			
3. Gallons exported to another State	7			
4. Total Disbursements (total 1-3) (carry above to line 3)				

I declare, under penalties of perjury, that this return (including any schedules) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

_____ Date

(Signature of Authorized Agent)

_____ Title

By cooperative agreement, the Montana Department of Transportation exchanges fuel tax information with other tax collecting agencies.
Alternative accessible formats of this document will be provided on request.